

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F97000000249 (9)**

1. Corporation Name

AMJ CENTRAL STATION CORPORATION, INC.

Principal Place of Business

**1208 BUTTERWORTH STREET. S.W.
GRAND RAPIDS MI 49504**

Mailing Address

**1208 BUTTERWORTH STREET. S.W.
GRAND RAPIDS MI 49504**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1997

4. FEI Number

38-3325667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 **Security Associates**

Suite, Apt. #, etc. **2101 S. Arlington**

22 **Hts. Rd. Suite 100**

City & State

23 **Arlington Hts. IL**

Zip

60005

Country

USA

2a. Mailing Address

26 **Security Associates**

Suite, Apt. #, etc. **2101 S. Arlington**

27 **Hts. Rd. Suite 100**

City & State

28 **Arlington Hts. IL**

Zip

60005

Country

USA

9. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BRANNEN, JAMES S**
STREET ADDRESS **2101 SOUTH ARLINGTON HEIGHTS ROAD #100**
CITY-ST-ZIP **ARLINGTON HEIGHTS IL 60005**

TITLE **CD** ☐ DELETE
NAME **DAVIS, RONALD I**
STREET ADDRESS **2101 SOUTH ARLINGTON HEIGHTS ROAD #100**
CITY-ST-ZIP **ARLINGTON HEIGHTS IL 60005**

TITLE **S** ☒ DELETE
NAME **RUBIN, STEPHEN**
STREET ADDRESS **2101 SOUTH ARLINGTON HEIGHTS ROAD**
CITY-ST-ZIP **ARLINGTON HEIGHTS IL 60005**

TITLE **AS** ☒ DELETE
NAME **JEDRAS, JAMIE E**
STREET ADDRESS **2101 SOUTH ARLINGTON HEIGHTS ROAD**
CITY-ST-ZIP **ARLINGTON HEIGHTS IL 60005**

TITLE **JD** ☒ DELETE
NAME **SALVATORE, THOMAS J**
STREET ADDRESS **52 VANDERBILT, 5TH FLOOR**
CITY-ST-ZIP **NEW YORK CITY NY 10017**

TITLE **D** ☒ DELETE
NAME **STEVENS, JAMES**
STREET ADDRESS **1334 SUNSET COURT**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S** ☐ Change ☒ Addition
1.2 NAME **Schickler, Howard**
1.3 STREET ADDRESS **2101 S. Arlington Hts. Rd. 100**
1.4 CITY-ST-ZIP **Arlington Hts. IL 60005**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **I** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **AS** ☐ Change ☒ Addition
5.2 NAME **Arndt, James P.**
5.3 STREET ADDRESS **2101 S. Arlington Hts. Rd. #100**
5.4 CITY-ST-ZIP **Arlington Heights, IL 60005**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **Rubin, Stephen**
6.3 STREET ADDRESS **2101 S. Arlington Hts. Rd. #100**
6.4 CITY-ST-ZIP **Arlington Hts., IL 60005**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James P. Arndt

4/22/98 (847) 956-8650

CR2E034 (10/97)